Michigan Medicaid Nursing Facility Level of Care Determination

User Manual

November 2004

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INTRODUCTION

Purpose of the User Manual

This manual provides step-by-step instructions for accessing and completing the Michigan Medicaid Nursing Facility Level of Care Determination (LOC Determination). The LOC Determination is an on-line document housed within the Michigan Department of Information Technology's secure Single Sign-on system. To gain access to the LOC Determination you must first register with Michigan's Single Sign-on system. Instructions for Single Sign-on are located on page 2. Once your registration is processed and confirmed, this manual will guide you screen-by-screen on how to complete the LOC Determination itself.

Other Resources

This manual provides technical instructions only for registering with Single Sign-on and fundamental instructions on completing the LOC Determination. Below is a list of resource documents that provide detailed explanations for completing the LOC Determination. These resource documents, including this User Manual, are located on the Michigan Department of Community Health's website. The bolded documents in the list below will also be available from the Single Sign-On system (SSO).

- Nursing Facility Level of Care Determination
- **Freedom of Choice form**
- **Michigan Medicaid Nursing Facility Level of Care Determination Field Definitions**
- **Michigan Medicaid Nursing Facility Level of Care Determination User Manual**
- Nursing Facility Level of Care Exception Process
- Michigan Medicaid Nursing Facility Level of Care Determination Process Guidelines
- Access Guidelines to State Services for Persons with Long Term Care Needs
- Telephone Intake Guidelines
- Questions & Answers regarding the Michigan Medicaid Nursing Facility Level of Care Eligibility Determination Process
- Appeal Notices

You do not need to be registered with Michigan's Single Sign-on system to access the above documents. You must, however, be registered with the Single Sign-on system to complete the LOC Determination online. The web address for these documents is:

http://www.michigan.gov/mdch >>Providers >> Information for Medicaid Providers >> Michigan Medicaid Nursing Facility Level of Care Determination.

THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
SECURE SINGLE SIGN-ON SYSTEM

Overview of the Michigan Single Sign-on System

The LOC Determination is accessible only through Michigan's Single Sign-on system located on the State of Michigan Portal Page (https://sso.state.mi.us/). Note that there is an 's' after http. The 's' stands for secure system. Also, there are no www's in this web address.

Michigan's Single Sign-on is a secure system used by health professionals throughout the state for numerous applications involving the submission of confidential data to the state (i.e., the Michigan Disease Surveillance System and the Michigan Childhood Immunization Registry). The Single Sign-on system ensures that only authorized individuals have access to confidential data. This maintains the system's conformance to HIPAA requirements. The secure nature of the system stipulates that:

- Each user at a facility or agency must create his or her unique User ID and password when registering (even if an email account is shared). If a registered user is using the system incorrectly, identification of that user is made via his or her User ID.

- If a registered user leaves employment with the agency or facility, he or she must be removed from the registry. Call the client service center at 517-241-9700 (toll-free at 800-968-2644) or email them at ditservice@michigan.gov to remove a user from the Single Sign-on system.

Registering for a Single Sign-on User ID and Password

Registering for Single Sign-on is a two-step process that needs to be completed only once:

Step 1
Access Michigan's Single Sign-on system Register your personal information

Step 2
Change Temporary Password Answer Challenge/Response Questions **Subscribe to LOC Determination Enrollment Confirmation**

REGISTRATION

Step 1:

Direct your Internet browser to the State of Michigan Portal Page: https://sso.state.mi.us/. Select **Register*** to begin REGISTRATION Step 1.

Enter your first name, last name and email address. These fields are mandatory. Entering your middle initial is optional.

Before continuing, carefully review the information you've entered, especially your e-mail address as this will be used to contact you regarding your temporary password assignment.

State of Michigan employees *must* use their @michigan.gov email address when registering.

If you would like to clear all fields of information to begin again, select **Clear**, then re-enter your information. When you have completed all fields, select **Continue** to begin REGISTRATION Step 2.

Step 2:

You must create a unique User ID. A portion of your User ID is generated through the registration process (last name, first initial). State of Michigan employees will not see this portion of Single Sign-on.

1. Enter a four-digit number (that you will remember) in the white box following your User ID, then select **No** when asked if the system should generate a four-digit number for you. If you select **Yes**, the system will generate a random four-digit number for you. Example: doej1234

It is preferred that you select your own four-digit number because you can chose a number you will easily remember.

2. At the bottom of the REGISTRATION Step 2 screen is a five-digit number located inside a blue outlined box. Enter this number into the empty box directly above it. This is to protect the system from being flooded with User ID requests by automated systems.

Enter the number as it is shown in the box below *   :

Back   Continue   Clear

86253

Once you've entered a four-digit number behind your User ID, and you've entered the five-digit number from the blue outlined box into the empty box above it, select **Continue.** You will receive a confirmation page of your personal data and assigned User ID.

Please review all of your information. If there are corrections to be made, select the **Back** button. If the information is correct, select **Submit**. Your data has now been sent to Michigan's Single Sign-on system.

Department of Community Health

USER REGISTRATION CONFIRMATION

Please review the following information. Click Submit

After selecting Submit, a screen will open reading "… your request to be registered is being processed…your password will be emailed to you within 24 hours…." Close this screen, then select **Yes** when asked if you want to close this window, and then close your Internet browser.

First Name	: John
Initial	:
Last Name	: Doe
Email Address	: doej@yahoo.com
Your User Id will be	: **doej2000**

Back   Submit

Department of Community Health   **Michigan.gov**
An Official State of Michigan Web Site

Your request to be registered to the Michigan Web Site is being processed. You will receive an Email within 24 hours with a web site to get your password.

Close

Confirmation of Registration and Change Password Request

Confirmation of your registration is received via your email address within 24 hours of your submission. Typically, confirmation is received much sooner. The confirmation email will include a link to the Single Sign-on's Change Password screen. Select this link to change your temporary password. <u>You must change your temporary password</u>. Enter your User ID and temporary password to open the Change Password screen. Note that your temporary password may be used only *one* time. If you do not select this link upon email notification, you may log in at another time to <u>https://sso.state.mi.us/</u> .

<center>**NOTE - PASSWORDS ARE CASE SENSITIVE**</center>

Remember the upper case and lower case portions of your password, or, use all upper case or all lower case.

Change your password as follows:

1. Enter Old Password (your temporary password -case sensitive)

2. Enter New Password that is at least five (5) characters in length (case sensitive)

3. Confirm New Password by re-entering (case sensitive)

4. Select **Change Password**

Selecting **Change Password** will generate a screen containing password reminder questions (Challenge/Response). Should you forget your password, these questions are designed to assure your identify. They are developed to ask questions that only you would know the answers to, thus maintaining the confidentiality of your password and the security of the system.

<center>**Completing the Challenge/Response screen is a mandatory feature of Michigan's Single Sign-on system.**</center>

You must answer all challenge questions.

** Please Note, Answers to Challenge Questions Are Case Sensitive**

1. Enter your answer to each question in the blank Answer field located below the question.
2. To the right of each answer field is a Confirm Answer field. Re-enter your answer to each question. Again, remember that all answers are case sensitive.

   If you want to change your responses to the questions, select **Cancel** and re-enter your answers. To submit your responses to the questions, select **OK**. You will receive an email notification that your answers and confirmed answers match (or don't match). If your answers do not match, you will be asked to re-enter your answers.

   Selecting **OK** will generate an Account Maintenance screen. Select **Done.**

Subscribing to Applications

Once you've completed your Challenge/Responses and Password update, you will be directed to the Michigan Department of Community Health (SOM-DCH) Application Portal screen.

1. Select **Subscribe to Applications**.

2. A Subscription screen will be generated. From the drop down arrow, select **LOC Determination**.

3. Select **Next**.

A Subscription For: LOCD screen will be generated.

All fields in the Subscription for: LOCD screen must be completed.

1. Enter your work telephone number, including your area code. Your email address will appear automatically. If you are a State of Michigan employee, you will be asked for your Supervisor/Security Administration email address. Non-State of Michigan employees do not enter supervisory information.

2. Select **Continue**, or select **Reset** to re-enter your telephone number.

The User Enrollment Confirmation For: LOCD screen will be generated. Review your information before selecting **Submit**. If you need to correct data, select **Back** and edit the information. If the data entered are correct, select **Submit**.

Selecting **Submit** will generate a confirmation screen reading, "Your subscription request has been submitted successfully. You will be notified upon approval." Close this screen.

You will receive an email notification informing you of whether or not your application has been approved or rejected. Upon approval you may log into Michigan's Single Sign-on system with access rights to the Michigan Medicaid Nursing Facility Level of Care Determination.

Overview of the Michigan Medicaid Nursing Facility Level of Care Determination

The Michigan Medicaid Nursing Facility Level of Care Determination (LOC Determination) is an on-line application used to verify an applicant's medical/functional eligibility to receive nursing facility level of care services. It is required that the LOC Determination be completed and submitted electronically for all applicants requesting Medicaid nursing facility level of care services where Medicaid fee-for-service is primary. Services will be reimbursed only for those qualified individuals whose application was submitted through Michigan's Single Sign-on system within the correct time frame of when services were delivered.

The system provides for a seven-day grace period on the electronically submitted LOC Determination. For example, if the LOC Determination was completed manually on November 10th, services were approved by the health professional beginning November 11th, and the tool was completed on-line November 16th; the system will count back seven days from November 16th, applying an eligibility date of November 9th. This grace period allows health professionals additional time to transfer manually completed LOC Determination applications to electronically completed applications. Medicaid will not reimburse for services rendered more than seven (7) days prior to the day on which the web-based tool is completed electronically.

> The Single Sign-on system is available Monday through Friday, between the hours of 7:00 A.M. and 7:00 P.M., as well as the second Saturday of the month.

Software Requirements

On-line access and submission of the LOC Determination requires access to the Internet and either of the two following Internet Browsers:

- Internet Explorer, version 5.5 or greater
- Netscape, version 6 or greater.

Earlier versions of Internet Explorer or Netscape may be updated through your current Internet Explorer or Netscape browser.

Internet Explorer: http://www.internetexplorer.com
Netscape: http://channels.netscape.com/ns/browsers/default.jsp

LOC Determination Basics

Below are LOC Determination basics:

- The LOC Determination is completed only once, unless the applicant applies through another provider (i.e., another nursing facility, MI Choice Program or PACE).

- Once the applicant is determined eligible and enters through one of the seven doors, the tool will automatically bring you to the Freedom of Choice form. The remainder of the questions beyond the door through which the applicant entered will not need to be completed.

- Answer every question until a door has been entered, or until you reach the Freedom Of Choice form. You must address the doors in sequential order. For example, you may not skip to door four without completing doors 1 through 3.

- Once you advance to the Freedom of Choice form, information on the applicant has been saved in the Single Sign-on system.

- A blank copy of the LOC Determination form may be printed from the Welcome screen. A completed copy of the Freedom of Choice form must be printed from the Freedom of Choice form by selecting 'Print this Page' at the top of this screen.

- Each screen allows you to exit the application. An exited, incomplete application will not be saved.

- You will automatically be logged off the system after thirty (30) minutes of inactivity of an opened application. An incomplete application will not be saved.

- Each screen has a **Help** button. Selecting **Help** from any screen directs you to the section of this User Manual that relates directly to the screen from which you select the **Help** button.

Screen-by-Screen Instructions for Completing the LOC Determination Tool

Accessing the NF LOC Determination through Michigan's Single Sign-on

The LOC Determination is accessible only through Michigan's Single Sign-on system.

1. Direct your web browser to https://sso.state.mi.us/.

2. Enter your User ID and password. (If you are not registered with Single Sign-on, you must first register. Instructions for registration are located on page 2.)

3. Select **LOC Determination**.

    Upon your first log in to the LOC Determination tool, the User Permission screen will open. *This will occur only once.*
    - Enter your First Name, Last Name

    - Enter your Provider ID - **review before submitting**

    - Enter your Provider Type from the drop-down arrow - **review before submitting**

    - Select Submit

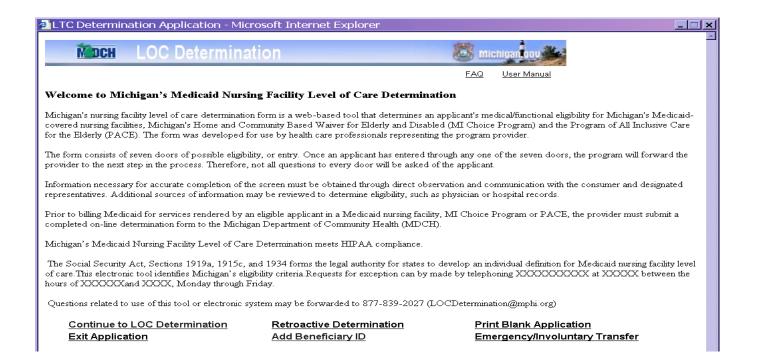To clear all fields and start again, select **Reset**.

If you submit the User Permission screen and realize you've entered incorrect data, upon your next log in, select **Account Maintenance**, and select **Change My Personal Information.**

Michigan Medicaid Nursing Facility Level of Care Determination's Welcome Screen

Submission of the User Permission screen opens the LOC Determination Welcome screen. This screen provides contact information for questions regarding the tool, and links to this User Manual and Field Definitions. From this screen you many also print a blank LOC Determination form, enter Emergency/Involuntary Transfer applicants, add Beneficiary ID, enter a Retroactive Determination and begin or exit the LOC Determination. Exiting the tool at any time prior to reaching the Freedom of Choice screen will delete all entered data.
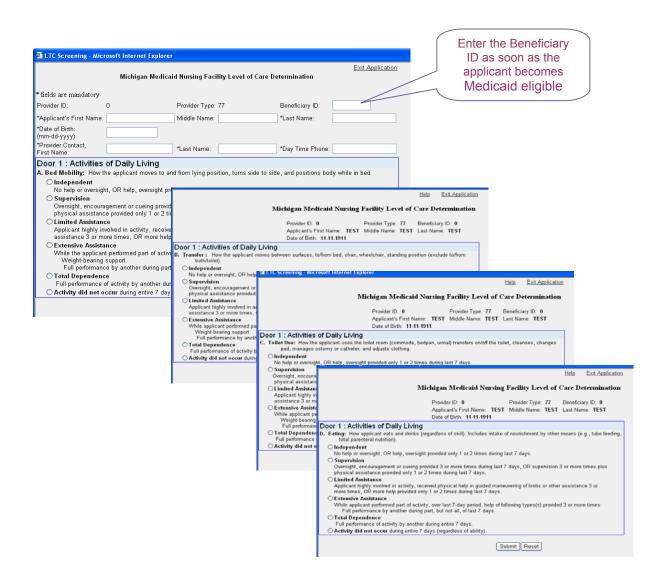

LTC Determination Application - Microsoft Internet Explorer

MDCH LOC Determination   michigan.gov

FAQ   User Manual

Welcome to Michigan's Medicaid Nursing Facility Level of Care Determination

Michigan's nursing facility level of care determination form is a web-based tool that determines an applicant's medical/functional eligibility for Michigan's Medicaid-covered nursing facilities, Michigan's Home and Community Based Waiver for Elderly and Disabled (MI Choice Program) and the Program of All Inclusive Care for the Elderly (PACE). The form was developed for use by health care professionals representing the program provider.

The form consists of seven doors of possible eligibility, or entry. Once an applicant has entered through any one of the seven doors, the program will forward the provider to the next step in the process. Therefore, not all questions to every door will be asked of the applicant.

Information necessary for accurate completion of the screen must be obtained through direct observation and communication with the consumer and designated representatives. Additional sources of information may be reviewed to determine eligibility, such as physician or hospital records.

Prior to billing Medicaid for services rendered by an eligible applicant in a Medicaid nursing facility, MI Choice Program or PACE, the provider must submit a completed on-line determination form to the Michigan Department of Community Health (MDCH).

Michigan's Medicaid Nursing Facility Level of Care Determination meets HIPAA compliance.

 The Social Security Act, Sections 1919a, 1915c, and 1934 forms the legal authority for states to develop an individual definition for Medicaid nursing facility level of care.This electronic tool identifies Michigan's eligibility criteria.Requests for exception can by made by telephoning XXXXXXXXXXX at XXXXX between the hours of XXXXXXand XXXX, Monday through Friday.

 Questions related to use of this tool or electronic system may be forwarded to 877-839-2027 (LOCDetermination@mphi.org)

Continue to LOC Determination	**Retroactive Determination**	**Print Blank Application**
Exit Application	**Add Beneficiary ID**	**Emergency/Involuntary Transfer**

Applicant's Information

Select **Continue to LOC Determination** to open the Applicant's Information screen located at the beginning of Door 1. Your Provider Number and Provider Type will be automatically entered by the system.

The Applicant's Medicaid Beneficiary ID must be entered if known, or entered once the applicant becomes Medicaid eligible. To enter the Beneficiary ID at a later time, select Add Beneficiary ID from the Welcome screen. **Services will not be reimbursed for Medicaid ineligible applicants.**

1.   Enter the Applicant's First Name, Middle Initial and Last Name

2.   Enter the Applicant's Date of Birth (mm/dd/yyyy) (no hyphens)

3.   Enter the Providers First and Last Name

4.   Enter the Providers Day-Time Phone number (no hyphens)

Enter the Beneficiary ID as soon as the applicant becomes Medicaid eligible

Door 1: Activities of Daily Living

Door 1 includes four activities
of daily living (ADL):
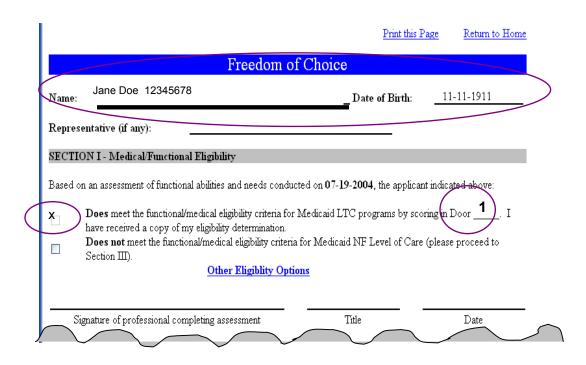
    A. Bed Mobility
    B. Transfers
    C. Toileting
    D. Eating

For each ADL, select the applicant's level of ability from one of the six levels of ability (**Independent**, **Supervision**, **Limited Assistance**, **Extensive Assistance**, **Total Dependence** or **Activity did not occur**). Definitions of the six levels of ability may be found in the Field Guidelines. After selecting the level of ability for each ADL, select **Submit** to move to the next screen.

To clear all information on any current screen in the LOC Determination, select Reset, then re-enter your data or question response.

If the applicant qualifies through Door 1 the program takes you directly to the Freedom of Choice form. The Freedom of Choice form auto-fills the applicant's name, beneficiary ID, if entered, and checkmarks the box stating that the applicant **Does** meet eligibility criteria. It will also provide the Door Number through which the applicant qualified. You will not see the seven-day grace period date on the Freedom of Choice form. This date is kept in the system and MICIS bounces your claim for services rendered against this date.

Print a copy of the Freedom of Choice form, complete Section II, obtain appropriate signatures, provide a copy to the applicant and file a copy in the applicant's medical record (maintain in the file for no less than three years).
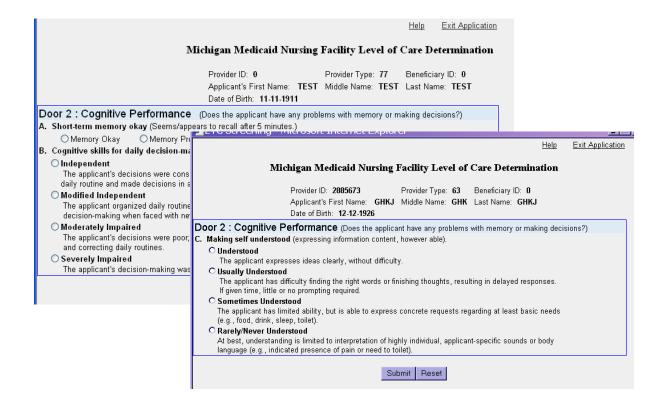

If the applicant does not qualify under Door 1, the screen for Door 2 is generated.

Door 2: Cognitive Performance

Door 2 contains three topics related to cognitive performance:

A. Short-term memory
B. Cognitive skills for daily decision-making
C. Making self understood

Definitions for Levels Of Performance for each cognitive topic are located in the Field Guidelines.

A. Short-term Memory:
   Select one of the two options (**Memory Okay** or **Memory Problem**). Select **Submit**.

B. Cognitive skills for daily decision-making:
   Select one of the four options (**Independent**, **Modified Independent**, **Moderately Impaired**, **Severely Impaired**). Select **Submit**.

C. Making self understood:
   Select one of the four options (Understood, Usually Understood, Sometimes Understood, Rarely/Never Understood). Select Submit.

If the applicant qualifies through Door 2 the program takes you directly to the Freedom of Choice form. Print a copy of the Freedom of Choice form, complete Section II, obtain appropriate signatures, provide a copy to the applicant and file a copy in the applicant's medical record (maintain in the file for no less than three years).

If the applicant does not qualify under Door 2, the screen for Door 3 is generated.

Door 3: Physician Involvement

Door 3 has two topics related to physician involvement:

A.   Physician Visits
B.   Physician Orders

Physician Visits and Physician Orders are defined in the <u>Field Guidelines</u>.

<p style="text-align:center; color:#9e2a5c">Physician Visits and Physician Orders have a 14-day look-back period.</p>

A.   Physician Visits:
     Within the last 14 days, enter the number of days the physician examined the applicant (DO NOT count emergency room visits).

C.   Physician Orders:
     Within the last 14 days, enter the number of days the physician changed the applicant's orders (DO count emergency room physician order changes, DO NOT count drug or treatment order renewals *without change*).

Select **Submit**.

> **If the applicant qualifies through Door 3, a Discharge Planning/Retrospective Review screen is generated. Qualifying through Door 3 is an indicator that the applicant may be clinically complex. Once the applicant's condition becomes more stable, he or she may no longer be eligible, therefore, appropriate medical intervention and discharge planning is expected as needed. Qualifying through Door 3 may also trigger a retrospective review.**

Select **Continue** and the Freedom of Choice form will be generated. Print a copy of the Freedom of Choice form, complete Section II, obtain appropriate signatures, provide a copy to the applicant and file a copy in the applicant's medical record (maintain in the file for no less than three years).

If the applicant does not qualify under Door 3, the screen for Door 4 is generated.

Door 4: Treatments and Conditions

Door 4 has nine topics related to physician-documented treatments and conditions:
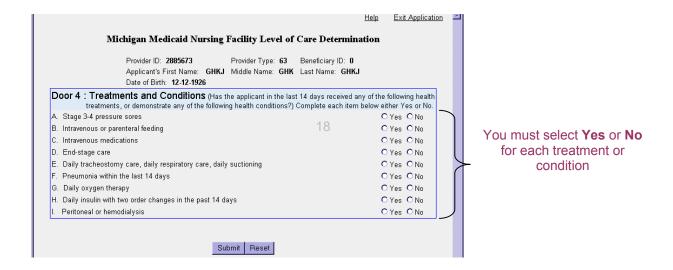
A.   Stage 3-4 pressure sores
B.   Intravenous or parenteral feedings
C.   Intravenous medications
D.   End-stage care
E.   Daily tracheostomy care, daily respiratory care, daily suctioning
F.   Pneumonia within the last 14 days
G.   Daily oxygen therapy
H.   Daily insulin with two order changes in last 14 days
I.   Peritoneal or hemodialysis

Qualifications for each treatment and condition are located in the Field Guidelines.

Treatments and Conditions have a 14-day look-back period. You must select Yes or No for each treatment or condition.

If the treatment or condition is a physician-documented diagnosis within the applicant's medical record and the treatment or condition continues to affect functioning or the need for care, select **Yes**.

If the applicant does not have the condition, or is not under treatment, or there is no physician-documented diagnosis within their medical record, select **No**.

You must select **Yes** or **No** for each treatment or condition

Select **Submit**.

If the applicant qualifies through Door 4, a Discharge Planning/Retrospective Review screen is generated. Qualifying through Door 4 is an indicator that the applicant may be clinically complex. Once the applicant's condition becomes more stable, he or she may no longer be eligible, therefore, appropriate medical intervention and discharge planning is expected as needed. Qualifying through Door 4 may also trigger a retrospective review.

Select **Continue** and the Freedom of Choice form will be generated. Print a copy of the Freedom of Choice form, complete Section II, obtain appropriate signatures, provide a copy to the applicant and file a copy in the applicant's medical record (maintain in the file for no less than three years).

If the applicant does not qualify under Door 4, the screen for Door 5 is generated.

Door 5: Skilled Rehabilitation Services

Door 5 contains three areas specific to skilled rehabilitation services:

1. Speech Therapy
2. Occupational Therapy
3. Physical Therapy

<p style="text-align:center">Skilled rehabilitation services have a 7-day look back period.</p>

Column A: For each therapy, enter the total number of minutes therapy was provided in the last 7 days. Enter zero if none or less than 15 minutes.

Column B: For each therapy, enter the total number of minutes therapy was scheduled but not yet administered. Enter zero if none or less than 15 minutes.

Select **Submit**.

<div style="border:2px double; padding:10px; text-align:center; color:#9e1b5a">
If the applicant qualifies through Door 5, a Discharge Planning/Retrospective Review screen is generated. Qualifying through Door 5 is an indicator that the applicant may be clinically complex. Once the applicant's condition becomes more stable, he or she may no longer be eligible, therefore, appropriate medical intervention and discharge planning is expected as needed. Qualifying through Door 5 may also trigger a retrospective review.
</div>

Select **Continue** and the Freedom of Choice form will be generated. Print a copy of the Freedom of Choice form, complete Section II, obtain appropriate signatures, provide a copy to the applicant and file a copy in the applicant's medical record (maintain in the file for no less than three years).

If the applicant does not qualify under Door 5, the screen for Door 6 is generated.

Door 6: Behavior

Door 6 relates to behavioral symptoms and problem conditions. Qualifications for behavioral symptoms and problem conditions are located in the Field Guidelines.

Behavioral Symptoms include:

A. Wandering
B. Verbally Abusive
C. Physically Abusive
D. Socially Inappropriate/Disruptive
E. Resists Care

Problem conditions include:

A. Delusions
B. Hallucinations

Behavioral symptoms and problem conditions have a 7-day look-back period.

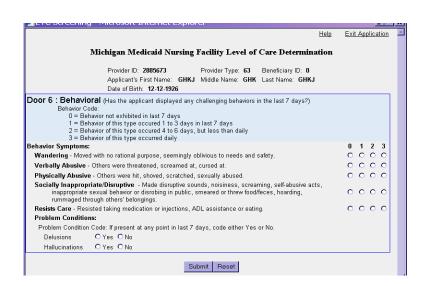

Behavioral Symptoms:

Select 0 – 3 depending on how frequently the applicant displayed a behavioral symptom:

0 = Did not occur in the last 7days
1 = Occurred 1 - 3 days in the last 7 days
2 = Occurred 4 - 6 days in the last 7 days
3 = Occurred daily

For problem conditions, select **Yes** or **No** if it occurred within the last 7 days.
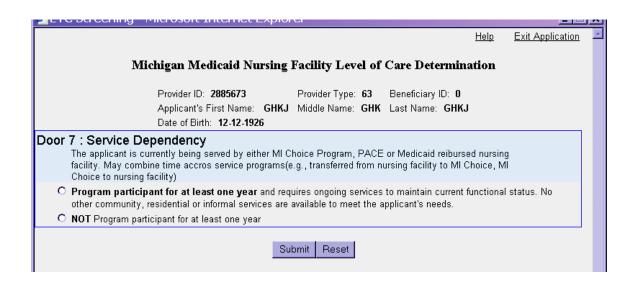
Select **Submit**.

If the applicant qualifies through Door 6, the Freedom of Choice form will be generated. Print a copy of the Freedom of Choice form, complete Section II, obtain appropriate signatures, provide a copy to the applicant and file a copy in the applicant's medical record (maintain in the file for no less than three years).

If the applicant does not qualify under Door 6, the screen for Door 7 is generated.

Door 7: Service Dependency

Door 7 refers to individuals who have been enrolled in a Medicaid reimbursed nursing facility, the MI Choice Program, or the PACE program for one year **and** who remain service dependent. You may combine the length of time an applicant has been in the MI Choice Program, PACE or other Nursing Facilities. Qualifications for service dependency are located in the Field Guidelines.

If the applicant has been in a program, or combination of the above programs, for at least one year, select "Program participant for at least one year and requires ongoing services…." If the applicant has not been a program participant for at least one year, select the box "NOT Program participant for at least one year.

Michigan Medicaid Nursing Facility Level of Care Determination

Help   Exit Application

Provider ID: **2885673**   Provider Type: **63**   Beneficiary ID: **0**
Applicant's First Name: **GHKJ** Middle Name: **GHK** Last Name: **GHKJ**
Date of Birth: **12-12-1926**

Door 7 : Service Dependency

The applicant is currently being served by either MI Choice Program, PACE or Medicaid reibursed nursing facility. May combine time accros service programs(e.g., transferred from nursing facility to MI Choice, MI Choice to nursing facility)

○ **Program participant for at least one year** and requires ongoing services to maintain current functional status. No other community, residential or informal services are available to meet the applicant's needs.

○ **NOT** Program participant for at least one year

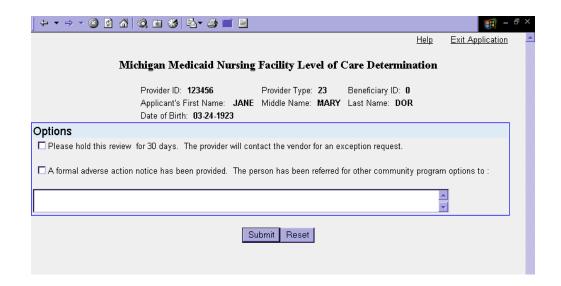Submit   Reset

Select **Submit**.

The Freedom of Choice form will be generated. Print a copy of the Freedom of Choice form, complete Section II, obtain appropriate signatures, provide a copy to the applicant and file a copy in the applicant's medical record (maintain in the file for no less than three years).

Freedom Of Choice Form - Ineligible Applicants

<u>**Section I - Functional/Medical Eligibility**</u>

If the applicant does not qualify through the last Door, Service Dependency, the Freedom of Choice form auto-fills the check box stating that the applicant **Does Not** meet functional/medical eligibility criteria.

1. Select the **Eligibility Option Button** (**mandatory**) to open the Eligibility Option screen.

2. Select one of the following:

    *   Hold the review for 30 days to request a Nursing Facility Level of Care Exception.

    *   Issue an Adverse Action notice to the applicant, *and* provide referral information to other community programs. Provide a copy to the applicant.

If an Exception Request is selected, the provider must contact the vendor on behalf of the applicant toll-free at 800-727-7223. The vendor makes a determination at the time of the initial telephone call in most cases.

If you issue an Adverse Action notice, the applicant has the right to request an Immediate Review through the vendor. The applicant must request an Immediate Review before noon of the first working day after the date of receipt of the Adverse Action notice. Contact the vendor for an Immediate Review toll-free at 800-727-7223. The vendor makes a determination within 24 hours in most cases. If the denial is upheld, the applicant still has the right to an appeal.

<u>Section III-Appeal Rights</u>

If you issue an Adverse Action notice, the ineligible applicant has the right to appeal the decision. The ineligible applicant must contact the Michigan Department of Community Health, Administrative Tribunal, toll-free at 877- 833-0870 or 517-335-8911. The fax number is 517-335-9180. If the applicant prefers to write, the address is as follows:

> Michigan Department of Community Health
> Administrative Tribunal & Appeals Division
> P.O. Box 30195
> Lansing, MI 48909

The Administrative Tribunal's web address is:

> **http://www.michigan.gov/mdch/0,1607,7-132-2946_5093-16825--,00.html**

Print a copy of the Freedom of Choice form, complete Section III by obtaining appropriate signatures. Provide a copy to the ineligible applicant and maintain a copy of the ineligible applicant's Freedom of Choice form for no less than three years.

You must maintain a copy of an ineligible applicant's Freedom of Choice form for a minimum of three (3) years.

<u>Closing the LOC Determination Tool</u>

To Log Off the system or begin another LOC Determination, select **Return to Home** located at the top of the Freedom of Choice form. Select **Exit Application** or **Continue to LOC Determination**.

<u>Printing Forms</u>

The Freedom of Choice form is designed to print on one page. If it is printing to a second page, you will need to adjust you Internet browser settings. To do this, select **View** from your internet browser, select **Text size**, and select **Medium** or smaller. You may also adjust your margins by selecting **File**, then **Page Setup**, and specify margins accordingly.